

## MEETING MINUTES

<b>Project Name:</b> IPRS	<b>Doc. Version No:</b> 1.0	<b>Status:</b> Final
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**Meeting Name:** IPRS Core Team Meeting  
**Facilitator:** Cheryl McQueen  
**Scribe:** Judy Perry  
**Date:** 04/18/2007  
**Time:** 10:30 – 11:30 a.m.  
**Location:** Hargrove, Conference Room D

### IPRS Core Team Attendees:

<ul style="list-style-type: none"> <li>x Rick Kretschmer</li> <li>Sarah Harris</li> <li>x Cheryl McQueen</li> <li>Sara Parks</li> <li>Gary Imes</li> <li>Joyce Sims</li> <li>x Rick Debell</li> <li>x Carlisa Stallings</li> <li>Thelma Hayter</li> <li>x Eric Johnson</li> </ul>	<b>Others:</b> <ul style="list-style-type: none"> <li>Tim Sullivan</li> <li>Jamie Herubin</li> <li>x Sandy Flores</li> <li>x Mike Frost</li> <li>Myran Harris</li> <li>Chris Ferell</li> <li>x Deborah LeBlanc</li> <li>Debra Haraway</li> <li>x Travis Nobles</li> </ul>
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### Attendees:

<ul style="list-style-type: none"> <li>x Alamance-Caswell</li> <li>x Albemarle</li> <li>x Catawba</li> <li>x Centerpoint</li> <li>x Crossroads</li> <li>x Cumberland</li> <li>x Durham</li> <li>x Eastpointe</li> <li>x Edgecombe-Nash</li> <li>x Five – County MHA</li> <li>Foothills</li> <li>x Guilford</li> <li>x Johnston</li> <li>x Mecklenburg</li> <li>x Neuse</li> <li>x New River</li> </ul>	<ul style="list-style-type: none"> <li>x Onslow-Carteret</li> <li>x OPC</li> <li>x Pathways</li> <li>x Pitt</li> <li>x Roanoke-Chowan</li> <li>x Rockingham</li> <li>x Sand hills Center</li> <li>x SE Center</li> <li>x SE Regional</li> <li>x Smoky Mountain</li> <li>x Tideland</li> <li>x Wake</li> <li>x Western Highlands</li> <li>x Wilson-Greene</li> </ul>
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**Attendees:**

**Item No. Topics**

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Check-writes (cut-off dates) – April 19, May 3, 10, 17, 24
4. Agenda items
  - **DMA NPI FAQ link** <http://www.dhhs.state.nc.us/dma/NPI/FAQ.doc>
  - **Revised Community Support Rates - Update**
  - **834 Implementation (April 27)**
  - Beta Test (NPI) Requirements Review
    - 100 records/LME/submission; Format test; full cycle run, 835
    - Testing to commence March (BOM)
    - **Update scheduled termination: TBD**
  - Beta Test (834) Requirements Review
    - 20 records/LME/submission
    - Testing to commence April (BOM)
  - IPRS Questions or Concerns
  - MMIS Updates – Tim Sullivan & Chris Ferrell
6. DMH and/or EDS concluding remarks
  - a. For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
    - i. Physician phone analyst (i.e. Independent Mental Health Providers)-4706
    - ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707
7. Roll Call Updates

**Next Meeting: April 25, 2007**

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.  
 Call the IPRS Help Desk – 1-800-688-6696, ext 53355 or 919-816-4355  
 , M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – [iprs.qanda@ncmail.net](mailto:iprs.qanda@ncmail.net)

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. <b>Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.</b>
3.	<b>Upcoming Check-writes</b> (cut-off dates) April 19 and May 3, 10, 17
4.	<p><b>Agenda items</b></p> <p><b>Roll Call Updates</b></p> <p>(Cheryl) Any questions about current or upcoming checkwrite?</p> <p>(Linda Wilson Greene/Edgecombe Nash) – I sent a question to Q&amp; A regarding 90801 and 90862 being paid at facility rate and not non-facility rate.</p> <p>(Cheryl) I've seen the e-mail but have not had time to research the issue and will get back to you quickly with the answer. Probably has to do with place of service but I will need to do more research to confirm that.</p> <p>(Beth Pathways) – We have had the same issue as well.</p> <p>(Cheryl) – Was it just the 90801 and 90862?</p> <p>(Beth Pathways) – No, we have had about four services but I will need to go back and check to get the other codes but I do know that 90801 and 90862 were two out of the four services with this issue.</p> <p>(Cheryl) – We'll review to find out what is causing the issue.</p> <p>(Naomi Guilford) – Question about the ICN numbers. Will a claim keep the same ICN number throughout it's lifetime?</p> <p>(Cheryl) – Yes.</p> <p>(Tom Western Highlands) – We have out of budget denials but have funds in the budget? Sent question to Q&amp;A and the response was that it should have drawn dollars down but instead drew a out of budget denial. Has that been resolved?</p> <p>(Cheryl) – Yes, after more research what happened is that when the claims came through there was no budget. But, then there were a number of adjustments posted that put money back in the budget. So, at the end of the checkwrite it looked like there was money available. The system is set up to take the money out and then put money back in. The system has always done it that way and if you resubmit those claims the claims should be able to access those funds.</p> <p>(Tom Western Highland) – OK. So, the process works this was just a one time event</p>

	<p>where you move the money out while the claims were adjudicating?</p> <p>(Cheryl) No, claims come and use up all of your money. Then subsequent claims drop to out of budget denials. But, in that same checkwrite adjustments posted that put money back into your budget. But, it does not put money back into the budget until after the claims had taken the money out of the budget. It is a timing issue.</p> <p>Agenda Items.</p> <ul style="list-style-type: none"> <li>• Informational – DMA has a FAQ link specifically for NPI. The link is included on the agenda. This is only for DMA not IPRS.</li> </ul> <p>DMA NPI FAQ link <a href="http://www.dhhs.state.nc.us/dma/NPI/FAQ.doc">http://www.dhhs.state.nc.us/dma/NPI/FAQ.doc</a></p> <ul style="list-style-type: none"> <li>• Revised Community Support Rates – Update</li> </ul> <p>(Cheryl) Everyone has seen the revised memo IUImplementation Update #25. Rick will discuss.</p> <p>(Rick) We got the initial change in on the rate reduction from what it had been to the \$10.00 and \$3.20 for the group. In the process when that went in we still had questions of differences between the memo that came over to EDS from Medicaid and the effective date and questions about payments made after, dates of services, and the turnaround time for the revised dates.</p> <p>Basically we had rates that were ready to go in but they have been pulled out because when they get the revised rates that are supposed be due on the 19<sup>th</sup> but I have had no assurances that those will not be effective on the 12 and a half date. So, we are holding on those.</p> <p>I did want to remind everyone regarding audits – that providers were classed as one, two's and three's. Class two's were subjected to a 5% withholding. Class three's are subjected to a 25% withholding. Which really means a rate reduction.</p> <p>These are part of the changes that will go in once the dust settles and will be for the number two's and three's and you will want to be aware of that with your contracts with the two's and three's we will want to be consistent.</p> <p>I will put rates in and only a small percentage of them will have IPRS contracts. So, it will not be a large number.</p> <p>Basically when there is a final decision all the changes will be put in.</p> <p>(Jeanna Catawaba) – That means you are going to leave the \$10 rate in there. That rate reduction until the dust settles or did you take that out?</p> <p>(Rick) Left the \$10 rate reduction in because that seemed secure. When that will end date is unknown.</p> <p>(Terri Eastpointe) – The rate is paid according to checkwrite 4/1 forward or date of service?</p> <p>(Rick) – For IPRS it is checkwrite 4/1 forward. Medicaid changed theirs to date of service.</p> <p>(Terri Eastpoint) – So if we are billing something for December it will be paid at the \$10 rate.</p>
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	<p>(Rick) – Yes.</p> <p>(LME question) – Did you change the group?</p> <p>(Rick) – I think the group had got in but I would not swear to that.</p> <p>(LME question) – OK, so even though the memo that came out on the 12<sup>th</sup> states that it will be based on service date through April 4<sup>th</sup> it will be the old rate, we will be getting paid the reduced rate.</p> <p>(Rick) – Yes</p> <p>(LME question) – OK. Then when this settles will you be electronically reprocess those claims and then pay us that money that is owed to us.</p> <p>(Rick) – Yes, that is the intent.</p> <p>(LME question) – Is that the intent for Medicaid and EDS dollars as well?</p> <p>(Rick) – Could not say.</p> <p>(Cheryl) – I would say based on the revised Implementation Update #25. That the answer would be no because on the last sentence of paragraph two states “ providers who submitted claims for services rendered prior to April 5 but whose claims were paid at the new \$40 rate may resubmit those claims for adjustments”. As of this memo it does not sound like Medicaid will do that automatically.</p> <p>(Beth Pathways) – Do the providers send in for the whole new amount or do they send in just the adjusted amount or additional amount?</p> <p>(Cheryl) – They will need to submit the claim for the total number of units times the rate. If it 40 dollars and 3 units. The total claim would be 120 dollars.</p> <p>(April Southeastern Regional) – I think the EDS adjustments web based tool requires you to do a void and a re-bill.</p> <p>(Cheryl) – Yes, you cannot just submit another claim or else you will get a duplicate denial.</p> <ul style="list-style-type: none"> <li>• 834 Implementation (April 27)</li> </ul> <p>(Cheryl) – Reminder implementation will be April 27<sup>th</sup>. There was a question last week from CMHC users to see if that date could be pushed out. I have heard that the CMHC issue has been corrected and testing is proceeding. No plans to change the date. There are a lot of mergers that are happening and LME’s would like to take advantage of the batch cross referencing that will happen with that implementation. We will go forward with April 27<sup>th</sup>.</p> <p>(LME question) – Next Tuesday will be the last day that we can submit a test for an 834?</p> <p>(Cheryl) – Yes.</p> <p>(April Southeastern Regional) – If you submit a test and it comes back with errors and do you have to correct and resubmit it again?</p>
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	<p>(Cheryl) – If it is format then yes you would have to correct errors and resubmit. If it is content testing it is your choice if you would like to correct and resubmit to test again.</p> <ul style="list-style-type: none"> <li>• Beta Test for NPI</li> </ul> <p>(Cheryl) – Reminder that we are still accepting files to test for NPI. We have not received any test files this week nor have we seen that any additional attending providers that have had NPI associated with them this week. This will not go away so please move forward.</p> <p>(LME Question) – For the 837 NPI, will DMA decide to go through sooner or later?</p> <p>(Cheryl) – DMA is still meeting with EDS and are meeting with them this week to go over new project plan. They have been given up to a year by CMS. But they do not have to take the entire year. If Medicaid decides to do it in December or April or next year. It has not been worked out yet. But, I do not want you all to think that just because CMS has extended it for a year that Medicaid is going to take the entire year.</p> <p>(Jeanna Catawba) – One of our frustrations in testing is caused because of our providers who are direct enrolled are not linked a lot of the time on the DMA side and that is out of our control.</p> <p>(Cheryl) – Understood.</p> <p>(Victoria Tideland) – Do you believe that NPI will be implemented before July 1?</p> <p>(Cheryl) – I cannot say.</p> <p>(Tom Western Highlands) – Question about new CMS version? The December 2006 special bulletin provides instructions on how to fill the form out with both legacy and NPI and then transitioning to only NPI. It does not provide instructions on how to bill for a provider that considers themselves atypical, NPI and is seeking Medicaid reimbursement for a non-direct enrolled service like targeted case management. How do you fill the form out?</p> <p>(Cheryl) – Please send to Q&amp;A and we will forward that to appropriate people on the DMA side.</p> <ul style="list-style-type: none"> <li>• IPRS Questions or Concerns</li> </ul> <p>(Kelly Durham) – What is the status on the crisis adjustments?</p> <p>(Cheryl) – We are still testing. We'll update you before it goes in.</p> <p>(LME Question) – Regarding the crisis adjustments since there are only eight checkwrites left for the year is this something that you want to get done soon or will we be scrambling to get that in with little time before the end of the year?</p> <p>(Cheryl) – We are looking at not this checkwrite but looking at the next checkwrite for it to go in.</p> <p>(Margaret Southeastern Center) – Community Support. On the adjustments when they are doing the adjustments for us when should we see that? What checkwrite?</p> <p>(Rick) – It is difficult to say. The target date for the new rate was the 19<sup>th</sup> of this month.</p>
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	<p>Then they will have to generate an official memo and then we will have to check with EDS to see what DMA told them to be sure that we are all consistent again. So, it will take a couple of weeks before it is all sorted out.</p> <p>(Jeanna Catawba) - What does EDS have programmed so when claims go in on the Medicaid side what will happen?</p> <p>(Cheryl) – It has not changed since last week. They did it on date of service March 1<sup>st</sup> and forward.</p> <p>(Jeanna Catawba) – So despite the updated memo my providers will be paid the reduced rate.</p> <p>(Cheryl) – We have not seen a memo that would have us change it. I will make a note to follow up on that.</p> <p>(Victoria Tideland) – Community Support. If the rate is changing again is that going to be retroactive?</p> <p>(Rick) – Cannot speculate on that.</p> <p>(Cheryl) – We did not want to do adjustments so that is why we are waiting on the new policy.</p> <p>(LME Question) – So you do not consider the April 12<sup>th</sup> document the policy for up to April 4<sup>th</sup>.</p> <p>(Cheryl) – I do not know that. We do not want to make that call on when the rates will be effective.</p> <p>(Terri Eastpointe) – Is it possible that they might change the rates again?</p> <p>(Cheryl) – Based on the last paragraph on implementation 25 it states that “through this collaborative effort we will establish a new interim rate”. When it will be effective, I don’t know.</p> <ul style="list-style-type: none"> <li>• Medicaid Questions</li> </ul> <p>(Cheryl) – A lot of questions may be directed to Q&amp;A.</p> <p>(Terri Eastpointe) – When we have retro Medicaid. Why are you not recouping endorsed services? Only recouping direct enrolled services or case management but not endorsed services.</p> <p>(Carlisa) – Believe that you called into provider services. We are looking into that.</p> <p>(Terri Eastpointe) – When we do have recoupments and we are sending back to providers telling them to bill directly. Is Value Options going to require them to have an authorization because they did not have an authorization through Value Options for those services?</p> <p>(Cheryl) – Yes, Value Options will require an authorization and in the case of retro eligibility they should give you a retro-active authorization. We were given the name Jane Harris as a contact for that.</p>
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	<p>(Jeanna Catawba) – The folks that have reduced Medicaid payments because of the outcome of community support. That will also effect the reimbursement from IPRS. Is that correct?</p> <p>(Rick) – That is correct.</p> <p>(Jeanna Catawba) – We do not have to go in and do anything?</p> <p>(Rick) – Yes, from the reports that I have gotten. I am getting the provider numbers and so we are setting up a default rate for whatever the rate turns out to be. But for those who are on the list I set up the provider specific rates because I already have the information you do not have to send anything in for that.</p> <p>(Jeanna Catawba) – If that thing for EDS goes in before you are able to get all of that in. Does that mean they might come back and if you paid us the full amount whatever that is and then come back and take out that amount after the new rate is established?</p> <p>(Rick) – Depends on how they word it. How feasible it is and how much the difference it really is. I will probably do those reductions after everything settles. I doubt we would retro-actively recoup. But, I will set it back to whatever date they determine to be the effective date.</p> <p>(Tom Western Highlands) – Will you share that with everyone? When you put it in place?</p> <p>(Rick) – Yes, we will let you know what the finalized information comes out.</p> <p>(Cheryl) – We will let you know what was finalized.</p> <p>(Terri Eastpointe) – Case management has been denied for children because they are not CAP clients. Has that been looked at?</p> <p>(Deborah) – The restriction of only the CAP MR/D/DD: we did go to DMA and they are going to be sending us a memo to remove that restriction. No estimated time on when that will go in. They will publish it in an upcoming bulletin it may be in the June bulletin.</p> <p>(LME Question) – Is this the age restriction or the 6000 dollar restriction?</p> <p>(Cheryl) – Age restriction has been corrected. The claims are denying now because the client had to be CAP R/DD and that is what Deborah addressed. DMA is lifting the CAP MR/D/DD requirement.</p> <p>(LME Question) – Not related to the three to four year age that is any age considered a child.</p> <p>(Cheryl) – I do not know what the current requirements are for CAP R/DD is that are on that procedure code.</p> <p>(Kelly Durham) – When a client is not between the ages of three and four they are not CAP R/DD the claims will deny.</p> <p>(Cheryl) – That is being lifted.</p> <p>(Deborah) – We do not have a date but we know that is being lifted.</p> <p>(Beth Pathways) – Are there any consideration for claims that have gone over a year?</p>
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(Eric) – We'll take note of it and go back and ask DMA

(LME Question) – June 30<sup>th</sup> still the last date to bill provisional?

(Cheryl) – Yes, that is what we have heard.

- **Roll Call Update**

**Next Meeting**  
**April 25, 2007**

*For assistance with IPRS claims, adjustments, R2Web, access applications, etc.  
Call the IPRS Help Desk - 1-800-688-6696, ext. 53355 or 919-816-4355  
M – F 8:00am - 4:30pm, excluding Holidays  
IPRS Question and Answer email address - [iprs.qanda@ncmail.net](mailto:iprs.qanda@ncmail.net)*